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CSH
Communications Support for Health

External Data Quality Audit Documents

First Quarter, January – March, 2012

INTRODUCTION

This report compiles documentation showing the communication that Communications Support for Health (CSH) had with civil society organizations (CSOs) in relation to the reporting and verification of project indicators in the first quarter (Q1) of 2012. The documentation consists of emails between the CSH Research, Monitoring and Evaluation staff and the CSOs.

The documents included in this report are:

1. Correspondence between CSH and Aaron Mutakela from Luanshya Support Group regarding the data collection form for outreach activities conducted by CSO community facilitators.
2. Correspondence between CSH and Crispin Sapele and Dale Kiefer both from Comprehensive HIV/AIDS Management Program (CHAMP) regarding the submission of the fourth quarter report for 2011 and the reporting system for the Talkline.
3. Correspondence between CSH and Dale Kiefer from CHAMP regarding a data collection form for the Talkline and request for a meeting to discuss the Talkline reporting system.
4. Correspondence between CSH M&E and Capacity Building providing feedback of a baseline report received from Action for Social Development Foundation (ASDF)
5. Support supervisory visit report for Action for Social Development Foundation (ASDF)

CORRESPONDENCE #1: Between CSH and Aaron Mutakela from Luanshya Support Group.

From: Kevin Chilemu
Sent: Wednesday, March 07, 2012 2:16 AM
To: aaronmutakela@yahoo.co.uk
Cc: Anock Kapira
Subject: RE: {Spam?} Re: Community Facilitator reporting form

Dear Aaron,

The Outreach Activity form is generic to capture outreach activities implemented on behalf of CSOs by community facilitators. CSOs are therefore expected to extract data from these forms to fill in where appropriate the CSO forms. I hope you do have the CSO data collection forms? Please let me know if I need to clarify further.

Sincerely,
Kevin

Monitoring and Evaluation Specialist
ICF-International/ Communications Support *for* Health Project
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Fax: +260 211 250 745
Mobile: 0973027675 / 0965843337
Email: KChilemu@cshzambia.com / kchilemu@gmail.com

From: Anock Kapira
Sent: Wednesday, March 07, 2012 8:16 AM
To: Kevin Chilemu
Subject: FW: {Spam?} Re: Community Facilitator reporting form

Dear Kevin,

Kindly view the query below and grateful for your advice.

Regards,

Anock

From: Aaron Mutakela [mailto:aaronmutakela@yahoo.co.uk]
Sent: Wednesday, March 07, 2012 7:32 AM
To: Anock Kapira
Subject: {Spam?} Re: Community Facilitator reporting form

To

To Anock Kapira

I acknowledge receipt of the outreach Activity form for group facilitators, we will study the form and give you a feed back. Does it mean this is the the only form they have to prepare and submit to us when ever they carry out an activity? They do not necessarily need to prepare a detailed report similar to our Standard activity report? We will be waiting for further guidance from you.

regards
Aaron

CORRESPONDENCE #2: Between CSH and Crispin Sapele and Dale Kiefer from CHAMP.

From: Kevin Chilemu
Sent: Wednesday, February 08, 2012 5:15 AM
To: Dale Kiefer; Crispin Sapele
Cc: Beyant Kabwe; Herrera, Samantha (SHerrera@icfi.com); Lovemore Mwanza
Subject: RE: 990 Talkline monthly report for Dec 2011

Dear Crispin,

Thank you for speaking with me on phone. Just to follow up via email and to keep my colleagues on the loop, we have tentatively planned a meeting with you to look at your talkline reporting system on 24th February 2012 as that is when you and Dale will be available to meet. I will follow up this appointment next week with a call.

Thanks,
Kevin

From: Beyant Kabwe
Sent: Tuesday, January 10, 2012 1:57 PM
To: Dale Kiefer; Linda Nonde
Cc: Anne Fiedler; Florence Mulenga; Lillian Byers; Phaniel Mandebvu; Rosanna Price-Nyendwa; Crispin Sapele; Sarah Banda; Kevin Chilemu; Lovemore Mwanza; Anock Kapira
Subject: RE: 990 Talkline monthly report for Dec 2011

Dear Dale,

Thanks for this report. Please see attached quantitative tool that we discussed with Chris sometime last year for capturing 990 Talkline indicators. Please can you fill in and provide us with this data? This is a 2011 template but we would like CHAMP to keep track of this data and update it monthly for 2012 as well, so you can save a fresh one and change the year starting with the January report.

Thanks,

Beyant Kabwe Research, Monitoring and Evaluation Director Communications Support for Health (CSH) USAID Contractor
Tel +260-211-250-743 | Cell +260-965-843-480 | Fax +260-211-250-745 | bkabwe@cshzambia.com

From: Dale Kiefer [mailto:dale.kiefer@champ.org.zm]
Sent: Tuesday, January 10, 2012 12:52 PM
To: Linda Nonde
Cc: Anne Fiedler; Florence Mulenga; Lillian Byers; Phaniel Mandebvu; Beyant Kabwe; Rosanna Price-Nyendwa; Crispin Sapele; Sarah Banda
Subject: 990 Talkline monthly report for Dec 2011

Dear Linda,

I hope all is well with you. Please find the attached report for December. A signed hard copy is also being sent to your office.

We will give a final sign-off on the communication strategy before 15 hours today.

Best regards,

Dale

CORRESPONDENCE #3: Between CSH and Dale Kiefer from CHAMP.

From: Kevin Chilemu
Sent: Tuesday, February 28, 2012 11:12 AM
To: Dale Kiefer (dale.kiefer@champ.org.zm)
Subject: Talkline Reporting form

Dear Dale,

Please find attached the Talkline form for your reporting. I spoke with Crispin a couple of weeks ago about my coming over to your office to look at your systems and discuss issues of reporting. Kindly confirm your availability on Friday.

Sincerely,

Kevin.

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CORRESPONDENCE #2: Between CSH M&E and Capacity Building staff

From: Kevin Chilemu
Sent: Tue 1/3/2012 3:59 PM
To: Anock Kapira
Cc: Florence Mulenga
Subject: Afya Mzuri Feedback reports....feedback

Dear Anock,

I looked at the baseline report and the following form my comments;

My first impression although minuet is that the report was poorly formatted with a poor flow of ideas. But that is not so important, I'll dwell on the important issues with a focus on M&E.

1. The expected outcomes do not clearly link with the overall objective. The expected outcomes should be SMART with indicators that can easily be measured. There is need to focus more on behavioral aspects. E.g. Increased opportunity is not behavioral. Output indicators should be established to lead to the desired outcome;
2. Most of the outcomes read the same. The attributes focused on are 'opportunity', 'motivation' and 'ability'. However, these are difficult to measure as they are subjective and do not have clear parameters. Instead, there is need for outputs with measurable parameters. Actually the objective is the desired outcome;
3. The KAP (Knowledge, Attitude and Practices) is rather shallow and is selective on values surveyed. The period spent collecting data does not tally with the information generated. I have a feeling some information is omitted or the report was highly summarized. The findings are not substantive to form the baseline for the initiative;

4. The recommendations need to be recast and are as good as the information generated. The recommendations should state how they can be realized and if possible who will follow up. As they are, they appear rather too obvious. There is need to tailor interventions as applicable to the three districts surveyed, and
5. Lastly, 'Don't know' and 'not aware' are the same thing. But in some cases, these are used to report different indicator values, which is a misnomer

Please do not hesitate to reach me in case of clarifications.

Thanks,
Kevin

From: Florence Mulenga
Sent: Tuesday, December 27, 2011 4:17 PM
To: Anock Kapira
Subject: Afya Mzuri feedback reports

Hi Anock,

See attached comments for Afya November report and the ASDF monthly reports. I suggest for Afya, you consolidate in the report Phaniel did which was not shared. You will see that some of the issues have been prevalent in all the reports, hence no need to repeat but just add new issues arising from the November report. For ASDF wait for feedback from Kevin (M&E) and consolidate so we can share with them even before we visit them next month because by the time we are visiting they would have already implemented another month and it's possible they could repeat similar errors. By the way do they send their training module for facilitators? They are planning to train on 10th January. We should advise them to wait till we have reviewed their training materials and oriented them on the Safe Love Campaign strategies and messages.

Thanks

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Annex 1: Supervisory Trip Report to ASDF

**Communications Support for Health Program (CSH)
Chemonics International**

MEMORANDUM

To: Mrs Florence Mulenga [15/01/2012]
Capacity Building Director

CC: Ms Linda Nonde
DCOP

Mr. Beyant Kabwe
Research, Monitoring and Evaluation Director

From: Mr. Kevin Chilemu
Monitoring and Evaluation Specialist

Subject: Supportive Supervisory visit to Action for Social Development Foundation, a CSO in Luapula Province and Tasintha Kapiri Mponshi in Central Province

Dates: 9th January to 14th January, 2012

Project Name

1. Trip objectives

- To verify the existence and location of Action for Social Development Foundation (ASDF) in Mansa
- To provide technical assistance to ASDF following their one month contract implementation
- To provide technical feedback on the KAP Baseline Behavioral Surveillance Survey (BSS) conducted by ASDF
- To conduct an M&E capacity assessment of ASDF
- To conduct a program appraisal of the Tasintha Kapiri Mposhi branch following their submission of technical proposal to CSH

2.

Scope of work

The Communications Support for Health (CSH) Program aims to provide support to the GRZ to manage and implement effective national health communications interventions. It is expected that enhanced IEC/BCC management of the GRZ will translate into changes in population health related behaviors. This change is expected to result in a measurable reduction in the practice of risky behaviors, and increased demand for and use of health care services.

The vision of the CSH project is to have an empowered Zambian Population that is able to make informed health decisions and lifestyle choices. The CSH project has four objectives as stated below:

- a. Strengthen national health communications campaigns

- b. Increase GRZ use of evidence based health communication approaches
- c. Strengthen local capacity to support sustained implementation of IEC/BCC activities
- d. Coordinate IEC/BCC activities between USAID projects

3. Schedule of Activities

- Participation in stakeholder meetings in Kawambwa, Mansa and Samya districts where ASDF is implementing the Safe Love- saves lives community project.
- Meetings with ASDF Executive Members to provide feedback on program and KAP BSS report.
- Meeting with Provincial AIDS Coordinating Advisor (PACA) in Mansa to lobby for support for ASDF
- Meeting with Tasintha Kapiri Mposhi Executive to appraise program and to follow up on proposal submitted to CSH

4. Key Personnel

Mrs. Florence Mulenga; Mr. Anock Kapira and Mr. Kevin Chilemu

5. Locations Visited

Tasintha in Kapiri Mposhi; ASDF in Mansa including field site visits in Kawambwa, Mansa and Samfya districts.

6. Summary of Activities

Day	Activity	Comments
9 th January, 2012	Traveled to Ndola from Lusaka	It was scheduled to first meet with Tasintha in Kapiri Mposhi hence the stop over to spend the night in Ndola
10 th January, 2012	Held a meeting with Tasintha executive members in Kapiri Mposhi at their branch office.	<p>The meeting took place in the morning. It included open discussion with participants on the profile of Tasintha in Kapiri Mposhi.</p> <p>The executive members discussed Tasintha's catchment area and its target population.</p> <p>The CSH team conducted an appraisal of Tasintha through in-depth interview and cursory documentation review to assess the capacity of Tasintha to implement the proposed project with support from CSH. A number of issues were elicited included trained human resource capacity challenges. Others findings included the following;</p> <ul style="list-style-type: none"> • Financial reporting is done at branch level headed by the executive committee, • Tasintha is arranged in zones headed by leaders who are members of the executive committee. • Program level reporting is done by the national coordinator

		<ul style="list-style-type: none"> Financial auditing is done through the national office of which the financial year starts in June of every year Target 10 – 19 year olds Formed 12 village committees and have 10 volunteers HIV prevention activities initially supported by CRAIDS Youth programs for reducing vulnerability which targeted 12 000 youths in-school and out-school youths <p>[Please refer to detailed site visit report]</p> <p>In the afternoon after the meeting with Tasintha, the CSH team proceeded to Mansa.</p>
11 th January, 2012	<p>a. Held an introductory and debriefing meeting with ASDF in Mansa at their Office located at Mushinka community hall.</p> <p>b. Stakeholder dissemination meeting in Kawambwa District at Kazembe Basic School</p>	<p>ASDF had planned BSS dissemination meetings to stakeholders in Kawambwa, Mansa and Samfya districts. Therefore, as part of ASDF assessment, the CSH team was requested to participate in the dissemination meetings. The first meeting was held in Kawambwa district in the afternoon which is approximately 200km from Mansa district.</p> <p>The Chief Executive Officer (CEO) of ASDF, Mr. Arnold Kunda, facilitated the stakeholder BSS dissemination meeting. The 21 participants including the Kawambwa DACA attended the stakeholder meeting. The CEO started off by introducing the CSH team and thereafter he gave an overview of the Safe Love – saves lives community project. He indicated that CSH had given ASDF a contract to implement the Safe Love campaign at the community level.</p> <p>After presenting the results of the BSS survey, meeting went into plenary to discuss the findings. Some of the issues that emerged from the discussing were enquiries about what was contributing to the spread of HIV in Luapula province as a whole. The drivers identified were;</p> <ul style="list-style-type: none"> Multiple concurrent partnerships Low condom and inconsistent use including low rates of use in marriage

		<p>partnerships due to perceived keeping of trust between spouses</p> <ul style="list-style-type: none"> • Mother to child transmission of HIV • Migrant and vulnerable livelihoods, particularly in the fishing camps <p>The CSH team led by Mrs Florence Mulenga gave technical guidance on issues pertaining HIV transmission and practices that fuel the spread of HIV in the population</p>
12 th January, 2012	<p>a. Attended ASDF stakeholder BSS Dissemination meeting in Mansa district at Chapako Basic School</p> <p>b. Technical feedback meeting with ASDF [PowerPoint presentation handout filed in CSO box file]</p>	<p>25 participants representing different sectors attended the BSS report dissemination. Two traditional leaders also participated in the dissemination meeting.</p> <p>The CEO similarly introduced the CSH team and proceeded to give an overview of the findings of the BSS report. During plenary similar observations were made as in the meeting in Kawambwa as follows;</p> <ul style="list-style-type: none"> • Multiple concurrent partnerships • Low condom and inconsistent use • Unsafe cultural practices such as sexual cleansing still practiced in some areas • Mother to child transmission of HIV • Migrant and vulnerable livelihoods, particularly in the fishing camps <p>Later in the afternoon, the CSH team met with the ASDF executive to provide technical feedback on the BSS report.</p> <p>Prior to giving feedback, the CSH team assessed the capacity of ASDF to undertake M&E tasks for the Safe Love – saves lives community project. A modified version of the CSH capacity assessment tool was used to assess ASDF.</p> <p>In general it was found that ASDF had capacity to undertake data collection and reporting. ASDF had a person assigned the role and responsibility of M&E. ASDF also had a good filing system. However, computer equipment and transport to cover the 10 wards in which the project operates was a challenge or insufficient. Areas for capacity building were also identified such indicator classification and orientation in the CSO reporting forms.</p>

		The executive members were informed that CSH had developed plan to build their capacity and orientation in program implementation and reporting requirements
13 th January, 2012	<p>a) Attended ASDF stakeholder BSS Dissemination meeting in Samfya District</p> <p>b)</p>	<p>As above, the BSS report was further disseminated to stakeholders in Samfya District. The meeting however was less diverse in sector representation. The majority of individuals who attended the meeting were from Support Groups of which the majority were female. 18 participants attended the meeting.</p> <p>In plenary, the issues that emerged were a review of attitudes and practices that fuel the spread of HIV in Samfya district. Discssants indicated that the predominant economic occuaption in the district was fishing and that there was a high prevalence of HIV in fishing camps as unsafe sex was practiced often for transactional purposes.</p> <p>It was suggested that the ASDF project should ensure that in targeting the youth, messages promoting behaviour change were appropriately tailored to increase their effectiveness and reach.</p> <p>Later in the afternoon, the CSH team provided technical guidance with a focus on program implementation and review of the monthly program reporting.</p> <p>ASDF executive was urged to share widely with stakeholders the project deliverables to ensure that there was synergy of purpose.</p>
14 th January, 2012	Travelled back to Lusaka from Mansa	The CSH team travelled safely back to Lusaka.

7. Deliverables

- ASDF Capacity Assessment Trip report
- Revised BSS report
- Revised Tasintha project proposal
- Plan to train CSO tailor informed based on trip assessment

8. Challenges

There were no major challenges experienced during the trip.

9. Recommendations

CSOs particularly those in rural areas should have their capacity built for them to deliver an effective community based campaign. Regular supportive supervision is required for the CSO to realize planned objectives.

A well planned and tailored CSO training is imperative for an efficient and effective community based campaign implementation. In this vein, CSH should ensure that the CSOs are adequately oriented in the campaign objectives and expected results of implementing community level campaigns.

10. Conclusion

For those CSOs that have running contracts with CSH, on-the-spot and regular supervision will be critical to realise the agreed deliverables. The supervisory visit and capacity assessment are insightful and enable evidence-based supportive supervision in the community level campaign implementation via CSOs.

PREPARED BY:

**KEVIN CHILEMU
M&E SPECIALIST**

REVIEWED BY:

**FLORENCE T. MULENGA
CAPACITY BUILDING DIRECTOR**